

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation NARAL Pro-Choice America		3. FEC Identification Number C C90004185
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1150 15th Street, NW		
(c) City, State and ZIP Code Washington DC 20005		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year-End Report
- ☒ 24-Hour Report
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☒ No ☐

5. COVERING PERIOD: FROM

M M	/	D D	/	Y Y Y Y Y Y
10		25		2012

THROUGH

M M	/	D D	/	Y Y Y Y Y Y
10		25		2012

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES

7728.26

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Kimberly Robinson

Kimberly Robinson

10/27/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams & Hussey		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1600 Wilson Blvd Ste 710		Amount 437.50	
City Arlington	State VA	Zip Code 22209-2505	
Purpose of Expenditure Copy, art & production		Category/ Type	Transaction ID : VN7C25X0G6
Name of Federal Candidate Supported or Opposed by Expenditure: Todd Akin		Office Sought: <input type="checkbox"/> House State: MO <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
25233.81		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Chapman Cubine Adams & Hussey		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 1600 Wilson Blvd Ste 710		Amount 437.50	
City Arlington	State VA	Zip Code 22209-2505	
Purpose of Expenditure Copy, art & production		Category/ Type	Transaction ID : VN7C25X0H4
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: DC <input checked="" type="checkbox"/> Senate District: 00 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
1269525.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
Full Name (Last, First, Middle Initial) of Payee Crossroads Campaigns		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address PO Box 66811		Amount 6642.90	
City Washington	State DC	Zip Code 20035-6811	
Purpose of Expenditure Printing, postage, mailshop fees		Category/ Type	Transaction ID : VN7C264CX8
Name of Federal Candidate Supported or Opposed by Expenditure: Anthony Strickland		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
24058.20		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		7517.90	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures (carry total from last page forward to Line 7)			

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 3
FOR LINE 7 OF FORM 5NAME OF FILER (In Full)
NARAL Pro-Choice America

Full Name (Last, First, Middle Initial) of Payee XO Communications		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 8851 S Sandy Pkwy		Amount 105.18	
City Sandy	State UT	Zip Code 84070-6408	
Purpose of Expenditure Telemarketing		Category/ Type	Transaction ID : VN7C264CZ4
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1269525.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee XO Communications		Date MM / DD / YYYY 10 / 25 / 2012	
Mailing Address 8851 S Sandy Pkwy		Amount 105.18	
City Sandy	State UT	Zip Code 84070-6408	
Purpose of Expenditure Telemarketing		Category/ Type	Transaction ID : VN7C264D02
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Office Sought: <input type="checkbox"/> House State: DC <input type="checkbox"/> Senate District: 00 <input checked="" type="checkbox"/> President Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 1269525.12		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
Full Name (Last, First, Middle Initial) of Payee		Date MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure		Category/ Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures 210.36			
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures 7728.26 (carry total from last page forward to Line 7)			